

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>3/2/05</u>		2 Serial/Patent # <u>10/783,602</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
<input checked="" type="checkbox"/>	Petition	/	12/10/04	\$ 130.00						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
<input checked="" type="checkbox"/>	Other	/	2/24/05	\$ 270.00						
		7 TOTAL AMOUNT OF REFUND		\$ 400.00						
		8 TO BE REFUNDED BY: <u>CC-290.00</u>								
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <u>130.00</u> <input type="checkbox"/> Credit Deposit A/C #:								
	Overpayment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">--</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>					--			
		--								
	Duplicate Payment									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
POST CARD Receipt OK										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Patricia Faison-Ball</u>		TITLE: <u>Attorney</u>								
SIGNATURE: <u>Patricia Faison-Ball</u>		PHONE: <u>2-3212</u>								
OFFICE: <u>Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Alicia Kelle</u>		DATE: <u>3/3/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B